

Stigma, Smoking and Social Influence in Health Beliefs about Lung Cancer Screening

Alexxis Randle
DSRP Scholar
Indiana University School of Nursing

Lisa Carter-Harris, PhD, RN, ANP-C
Mentor
Assistant Professor
Indiana University School of Nursing
Indianapolis, IN

Background: Lung cancer is the leading cause of all cancer-related deaths in the United States. 158,080 people are expected to die from lung cancer in 2016. Most people are diagnosed at an advanced stage. Lung cancer screening, a recent recommendation by the United States Preventive Services Task Force, is associated with a 20% decreased relative mortality risk secondary to finding lung cancer at an earlier stage. Lung cancer screening is affected by patient, provider, and healthcare system variables. From the patient perspective, individual health beliefs have been shown to predict cancer screening participation in other cancers and are likely associated with lung cancer screening participation. In order for lung cancer screening to be effective, we must first understand what factors affect individual health beliefs about screening. The purpose of this study was to examine the association of social influence and cigarette smoking on individual health beliefs related to lung cancer screening and identify variables associated with stigma in screening-eligible current and former smokers.

Methods: Descriptive, cross-sectional design using survey methodology (N=497). Convenience sample of lung cancer screening-eligible smokers. Data collected online measuring sociodemographic variables and lung cancer screening health beliefs.

Results: We tested for associations between various variables and perceived smoking-related stigma, along with associations between number of cigarette pack-years, social influence and individual health beliefs (perceived risk, perceived benefits, perceived barriers, self-efficacy). Higher number of cigarette pack-years was associated with perceived barriers to lung cancer screening ($p=.022$). Higher levels of social influence were associated with perceived benefits of ($p<.001$) and self-efficacy for ($p<.001$) lung cancer screening.

Conclusions: Results from this study indicate higher pack-year cigarette smoking history, social influence, and stigma may be important components to health beliefs and lung cancer screening participation. Future research is needed to explore the relationships more fully.

Word Count: 294